

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*04/543 33U*

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
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46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	6					
TOTAL DEP.	90					
TOTAL CLAIMS	94					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/							
52	/							
53	/							
54	8							
55	/							
56	/							
57	/							
58	/							
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								